Summary of Benefits for Missouri, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	D1120 age 0-12, D1110 age 13-20
Fluoride treatments (including fluoride varnishes)	X			1 x 6 months	AGE 0-20. Varnish may be applied by physicians and hygienists.
Sealants (list any tooth-specific limits)	X			1 x every 3 years	ages 5-20. Sealants may be applied only on healthy (without occlusal restorations) first and second permanent molars (tooth numbers 2, 3, 14, 15, 18, 19, 30 and 31). No payment is made for sealants applied to third molars. Sealants will not be a covered service if applied to primary teeth. Permanent first and second molars may be sealed as they erupt or, for older or newly approved NO HealthNet participants whose teeth have never been sealed, all eight molars may be sealed in one setting.
Space maintainers		X			Fixed space maintainer, unilateran and bilatera, are provided for the prematrue los of primary teeth only. Removable space maintainers are not covered. Recementation of a space maintainer is covered.

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X				It is recommended that preventive dental services and oral treatment for children begin at age 6-12 months and be repeated every six months or as medically indicated.	1 year
X-Rays						
Bitewing	X			1 x 6 months	X-rays that are of no diagnostic value for interpretation are not covered. All x-rays must be of the intraoral type, excluding a panoramic type of film. Panoramic types of film and sialograph survey films are the only extraoral x-rays that are covered for a dentist. A maximum of four additional periapical x-rays (D0230) is covered after the first (D0220) on any given date of service. Occlusal x-rays are not covered. A pre-operative full-mouth x-ray survey of permanent or primary teeth or of mixed dentition is covered once in a 24-month interval.	

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

Bitewing	X			1 x 6 months	A pre-operative full-mouth x-ray survey of permanent teeth is defined as 14 periapical films plus two bitewing films (one each right and left) or a total of 16 single films — OR — one panoramic film and two bitewings (one each right and left). A pre-operative full-mouth x-ray survey of primary teeth is defined as four periapical films plus two bitewing films (one each right and left) or a total of six films — OR — one panoramic film and two bitewings (one each right and left). A pre-operative full-mouth x-ray survey of mixed dentition is defined as six periapical films (one each upper and lower anterior teeth, one each upper and lower right teeth, one each upper and lower left teeth) plus two bitewing films (one each right and left) or a total of eight films—OR—one panoramic film and two bitewings (one each right and left). A maximum of two pre-operative bitewing x-rays are covered within a six-month period. Post-operative x-rays of extractions are not covered.	
Full Mouth						
Panoramic	X			1 x year		

Summary of Benefits for Missouri, MEDICAID

Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				An amalgam (D2140, D2150, D2160, and D2161) which is placed after a sealant (D1351) on the same tooth, same surface, by the same provider, within one (1) year of the sealant will not be reimbursed by MO HealthNet. Amalgam restorations on posterior teeth are covered. Fees for amalgam fillings include polishing. A restoration of any other material (amalgam or resin) is not covered. Same restoration on same tooth in less than a six-month interval is not allowed.	
Tooth colored composite	X				Resin restorations on posterior teeth are covered. Resin restorations on anterior teeth are covered. A restoration of any other material is not covered. A second, same restoration on same tooth in less than a six-month interval is not allowed	

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Crowns/tooth caps						
Stainless steel crowns	X				Replacement crowns are not allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is not covered.	
Metal (only) crowns	X				Replacement crowns are not allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is not covered.	
Metal/porcelain crowns		X			Replacement crowns are not allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is not covered.	
Porcelain (only) crowns		X			Replacement crowns are not allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is not covered.	

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	X					
Gum (periodontal) therapy						
		X			A gingivectomy or gingivoplasty is allowed for individuals' age five and over. Limited occlusal adjustment is covered under emergency treatment only. No other periodontal procedures are covered.	
Dentures						
Partial dentures	X				ages 8 and over2	
Complete dentures	X					
Bridges		X			Bridges, bridge pontics and bridge retainers are covered for participants under the age of 21.	
Orthodontics*						
Retainers (orthodontic)		X				

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Braces		X				To obtain orthodontia services a participant must over 13 years but under 21 years of age, have good oral hygiene, have no deciduous teeth unless the primary teeth are retained due to ectopic position of the underlying permanent tooth or a missing perman
Oral surgery						
Simple extractions	X					
Surgical extractions	X				Pre-treatment x-rays and office notes must be submitted with claim	

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Care of abscesses	X					
Cleft palate treatment		X				
Cancer treatment	X					
Treatment of fractures	X					
Biopsies		X			Some biopsies may require a PA or an operative report	
Treatment of jaw joint problems (TMJ)						
			X			

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Emergency room services provided by a dentist						
	X				Procedure codes that are covered are 99281, 99282, 99283 and 99284	Emergency services" are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immedia

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Inpatient Hospital Services						
	X					Inpatient hospital admissions for MO HealthNet participants must be certified as medically necessary and appropriate for inpatient services before payment is made. All hospitals in Missouri and bordering states are subject to this admission certification

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia	X					General anesthesia administered in the office is a covered service. General anesthesia administered in the hospital or an Ambulatory Surgical Center by a participating certified anesthesiologist or Certified Registered Nurse Assistant (CRNA) is covered se

Data as of: 05/13/2012

Summary of Benefits for Missouri, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Intravenous conscious sedation	X					Intravenous sedation administered in the office is a covered service
Non-intravenous conscious sedation	X					
Analgesia (nitrous oxide)	X					

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

Data as of: 05/13/2012